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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/501,447
	Confirmation Number	
	Filing Date	with an effective filing date of January 11, 2003
	First Named Inventor	Augustinus BADER
	Group Art Unit	1797
Examiner Name	Shanta G. Doe	Fax: (571) 273-8300
Total No. of Pages in this Submission: 15	Attorney Docket Number	HEUBEN P02AUS (Formerly LORWER P30AUS)

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form [1] (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$650.00 <input checked="" type="checkbox"/> Response [8] <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request [1] (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) --Annotated Sheet(s) Replacement Sheet(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Request for Continued Examination (in duplicate) [1]
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REMARKS

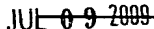
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	June 29, 2009	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on June 29, 2009.

Signature		Date: June 29, 2009 (amp)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

10/501,447
with an effective filing date of
January 11, 2003
Augustinus BADER
Shanta G. Doe
1797

Attorney Docket No.

HEUBEN P02AUS (Formerly
LORWER P30AUS)

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

■ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS & BUJOLD, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☐ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity			
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (4)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Free Description

<u>Fee (\$)</u>	<u>Small Entity</u>
52	Fee (\$)
	26

Each claim over 20 (including Reissues)

Fee (\$)	Fee (\$)
52	26

Each independent claim over 3 (including Reissues)

220 110

Multiple dependent claims

390 195

$$\frac{\text{Total Claims}}{-20 \text{ or HP}} = \frac{\text{Extra Claims}}{\times} \times \frac{\text{Fee (\$)}}{\$52/\$26} = \text{Fee Paid (\$)}$$

<u>Multiple Dependent Claims</u>	
Fee (\$)	Fee Paid (\$)
100	100
200	200
300	300
400	400
500	500
600	600
700	700
800	800
900	900
1000	1000
1100	1100
1200	1200
1300	1300
1400	1400
1500	1500
1600	1600
1700	1700
1800	1800
1900	1900
2000	2000
2100	2100
2200	2200
2300	2300
2400	2400
2500	2500
2600	2600
2700	2700
2800	2800
2900	2900
3000	3000
3100	3100
3200	3200
3300	3300
3400	3400
3500	3500
3600	3600
3700	3700
3800	3800
3900	3900
4000	4000
4100	4100
4200	4200
4300	4300
4400	4400
4500	4500
4600	4600
4700	4700
4800	4800
4900	4900
5000	5000
5100	5100
5200	5200
5300	5300
5400	5400
5500	5500
5600	5600
5700	5700
5800	5800
5900	5900
6000	6000
6100	6100
6200	6200
6300	6300
6400	6400
6500	6500
6600	6600
6700	6700
6800	6800
6900	6900
7000	7000
7100	7100
7200	7200
7300	7300
7400	7400
7500	7500
7600	7600
7700	7700
7800	7800
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8400	8400
8500	8500
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8700	8700
8800	8800
8900	8900
9000	9000
9100	9100
9200	9200
9300	9300
9400	9400
9500	9500
9600	9600
9700	9700
9800	9800
9900	9900
10000	10000

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-3 or HP +	x	\$220/\$110 =	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>No. of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
-100 =	/50 =	(round up to a whole number) x	\$270/\$135	=

4. OTHER FEE(S)

Fees Paid (\$)

Other (e.g., late filing surcharge): Request for Continued Examination

\$405.00

Petition for Extension of Time

\$245.00

SUBMITTED BY

Signature

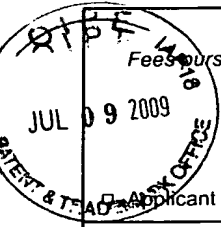
Telephone (603) 226-7490

Name
(Print/Type)

Michael J. Buford

Registration No.
(Atty/Agent) 32,018

Date: June 29, 2009



Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2008

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$650.00

Complete if Known

Application No.
Filing Date
First Named Inventor
Examiner Name
Art Unit

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with an effective filing date of
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Shanta G. Doe
1797

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LORWER P30AUS)

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under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims -20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$) Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

Indep. Claims -3 or HP + Extra Claims x Fee (\$) = Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 = Extra Sheets / 50 = No. of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) = Fee Paid (\$)
\$270/\$135

4. OTHER FEE(S)

Fees Paid (\$)

Other (e.g., late filing surcharge): Request for Continued Examination \$405.00

Petition for Extension of Time \$245.00

SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: June 29, 2009